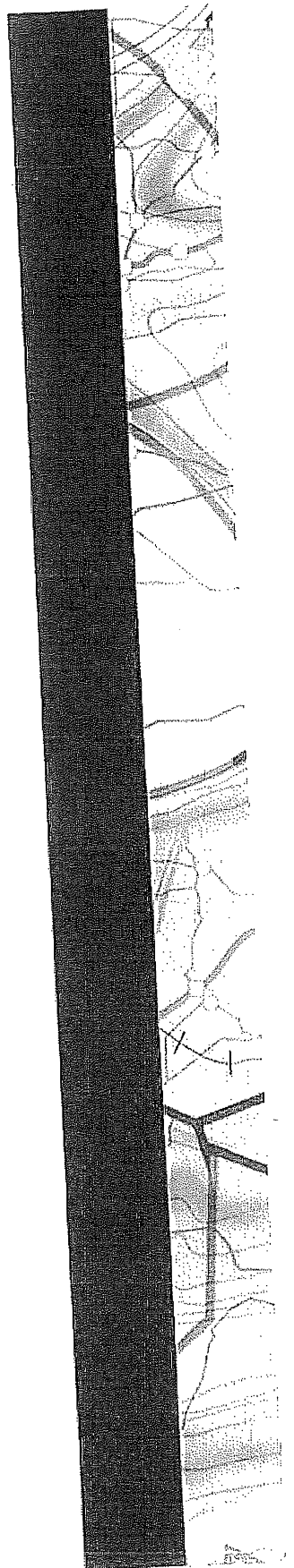
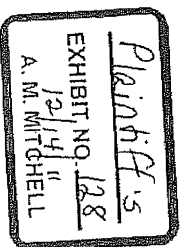


# EXHIBIT O



# GYNECARE PROLIFT\* Pelvic Floor Repair Systems

\*Trademark



Gynecare  
**PROLIFT**  
Pelvic Floor Repair Systems

## POP Location<sup>1</sup>

■ Anterior only	40%
■ Anterior and apex	20%
■ Posterior only	7%
■ Posterior and apex	10%
■ All three compartments	18%
■ Anterior compartment involved	78%
■ Highest failure in anterior compartment reported	30-70% <sup>2-6</sup>

<sup>1</sup> Olsen et al. *Obstet Gynecol* 1997;89:501-506

<sup>2</sup> Shull et al. *Am J Obstet Gynecol* 1992;166:1764-1768

<sup>3</sup> Holley et al. *South Med J* 1995;88:547-549

<sup>4</sup> Samuelsson et al. *Am J Obstet Gynecol* 1999;180:299-305

<sup>5</sup> Shull et al. *Am J Obstet Gynecol* 2000;183:1365-1373

<sup>6</sup> Weber et al. *Int Urogynecol J Pelvic Flr Dysfunc* 2001;12:178-186



## Endopelvic "Fascia"

- Anterior Compartment<sup>1</sup>
  - Literature review 80 articles anterior repair
  - The vagina has three layers; mucosa, muscularis, and adventitia; there is no vaginal "fascia"
  - "Dissection during anterior colporrhaphy splits vaginal muscularis, and repair involves plication of the muscularis and adventitia (not vaginal "fascia")"
- Posterior compartment<sup>2</sup>
  - Cadaveric dissection of the RV "septum"
  - "There is no evidence of a distinct fascial layer between the posterior vaginal wall and the anterior wall of the rectum"
  - "It is the splitting of the adventitial layer from the overlying vaginal wall that accounts for the "fascial layer" seen surgically"

<sup>1</sup> Weber A, Walters M. *Obstet Gynecol* 1997;89(2):311-8

<sup>2</sup> Kleeman et.al. *Paper #10* SGS 2005